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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/049,454
	Filing Date	Feb. 12, 2002
	First Named Inventor	Andreas BRUN
	Title	SLEEPING BAG
	Art Unit	unknown
	Examiner Name	unknown
	Attorney Docket Number	Y3-20

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>A. Brun</i>	Date	20.2.05
Name	Andreas BRUN	Telephone	
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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